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No. 14.

ART. I.—MODUS OPERANDI OF ASTRINGENTS—CAVARA ON THE USE OF TANNIN.¹

It has been a question with therapeutists, whether astringents are capable of producing on the living fibre any of those effects which they are known to exert on the dead; and whether they must be received into the circulation before they can exert any beneficial agency—as astringents—on diseases of parts at a distance from the stomach. We have elsewhere said,²—“It is doubtful whether any direct agency on the nerves, as that advocated by Dr. Thomson, is exerted by astringents. It is more probable that the primary effect is upon the intimate tissues of organs, as astringents are capable of producing condensation and contraction in parts that are deprived of the vital influence; and although much has been said against the idea, that any thing like tanning can be effected upon the living tissues by the operation of this class of medicinal agents, the explanation does not appear to me as wide of the mark as it has been conceived by many. The vital influence prevents the precise chemical changes from being effected—the requisite union of the gelatine of the skin, for example, with the tannin of oak bark—but it does not prevent the condensation and corrugation of tissue; something similar to which is produced in the dead fibre, and in vegetables,—organised bodies that are devoid of nerves.” And again,—“Another mode in which astringents may act, in certain cases, is by passing into the mass of blood, and increasing the tendency to coagulation of that fluid. It is manifest, that in all increased discharges, which occur from parts that can only be reached through the medium of the circulation, no signal advantage can be expected from the administration of astringents; on the other hand, where they can come into immediate contact with the seat of the disease, they may be implicitly relied upon, so far as their properties will permit. Accordingly in hæmatemesis and epistaxis, and in chronic diarrhœa and dysentery, their action is more marked than in hæmoptysis, in immoderate flow of the menses, or in leucorrhœa; inasmuch as when taken internally, they can only act on the lungs, uterus, or vagina, either by the impression they make on the general system, through the nerves of the stomach, or by being taken into the circulation.”³

These views of the *modus agendi* of astringents are confirmed by the experiments of M. Cavarra on the action of tannin on the inert and living tissues,—sound and morbid.

¹ Bulletin de l'Académie Royale de Médecine, Janvier, 1837.

² General Therapeutics, p. 173. Philadelphia, 1836.

³ Op. citat., p. 175.

"Without pronouncing at this moment," he remarks, "for one or other of the opinions, which endeavour to explain the mode in which tannin acts in the tanning of hides—whether by forming an insoluble compound of gelatine and tannin, as some affirm, or an insoluble compound of tannin and skin as others assert, I shall confine myself to the admission that the impermeability of hides is to be accounted for by an insoluble product, and to demonstrating that this impermeability, which is the result of a simple phenomenon of affinity, is nothing more than a *chemico-mechanical state*, in which the leather presents a porosity occupying a less space than the atoms of water.

"This fact being established as to tissues deprived of life, I was desirous of discovering whether the effects of tannin placed in contact with the living tissues were subjected to different laws, and whether they presented any thing but a simple phenomenon of contraction analogous to, or identical with, that of the other tissues. With this view, I have made numerous experiments on dogs, cats, and on myself; and it has not been, I confess, without some satisfaction that I have acquired the proof that it is useless—in this case at least—to invoke the law of vitality for the explanation of a phenomenon at once simple, general, and always identical.

"Thus in my view, tannin, put in contact with certain parts of the living economy, exerts upon them the same chemico-mechanical action which it does on an inert organic tissue—or, in other words, it tans them as it tans leather. These parts are the mucous membranes of the urethra, vagina, intestines, and lungs. The action of tannin appears to cause such a condensation or contraction in them, that the glands with which they are studded no longer afford passage for the mucus which they secrete."

M. Cavara asserts, that he has proved these positions by numerous experiments and demonstrations. When tannin is taken internally its immediate effect is constipation, by arresting the secretion from the mucous membrane. "When it has reached the stomach, pure tannin is absorbed and carried into the current of the circulation. The proof of this is, that there exists between this organ and the vagina, the urethra and lungs, no communication except through the circulatory system, and that consequently the tannin must be absorbed to cure leucorrhœa, gonorrhœa, and the most obstinate chronic catarrhs, as I have often had an opportunity of observing."

M. Cavara concludes that of all the effects of tannin, two of the most surprising are,—the cures operated by it in cases of the most obstinate nervous coughs, and the excellent action it exerts in phthisis. Further experiments are, however, requisite before these last points can be conceded. From our knowledge of the properties of tannin, it is not easy to see how it or any other astringent can be of much service in the latter malady.

ART. II.—MEDICAL TOPOGRAPHY—No. 5.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 239.)

Intermittent Neuralgia.

Neuralgic affections have of late years engaged much of the attention of some enlightened members of our profession. The veil of obscurity which covers their pathology has been in part raised by Sir Benjamin Brodie:¹ the

¹ "Lectures Illustrative of Certain Local Nervous Affections, by Sir Benjamin Brodie, Bart., F. R. S., Sergeant Surgeon to the King and Surgeon to St. George's Hospital." First American edition, in the "American Medical Library."

field of observation is however almost unexplored. Our information on intermittent pains is scattered among the pages of diurnal and perishing publications,—whilst the valuable work of McCulloch, on malaria, which embodies so many facts in regard to “masked agues,” is possessed by too few of our fraternity.

Periodical affections, not strictly febrile, are frequently met with in the Arkansas country. I have there treated cases of intermittent frontal, facial, digital, and articular (particularly genal) neuralgia, cephalalgia, odontalgia, otalgia, gastralgia, hepatalgia, hysteralgia, and pneumonalgia. This last form of affection has, I believe, not yet been noticed by medical writers. I have seen several cases of it simulating so nearly inflammation of the lungs, as to have been treated for it by practitioners with nearly fatal results. I conceive a knowledge of this form of malady of so much importance that I shall devote a future number entirely to its pathology and treatment.

Neuralgia depending upon the influence of malaria, I believe, may be readily distinguished from that originating in a morbid alteration of the brain or nervous centres—the generation of osseous or other tumours at the origins or along the courses of the nerves, or an accidental hyperæmic condition of their envelopes, &c. That from wounds or other injuries is self-apparent. In tic douloureux depending upon malaria as a cause, the paroxysms are (in every case I have seen) generally periodical—passing off in a few hours: whilst in those cases depending upon organic change, the pain is mostly constant, remitting, or in fits of long duration. We have treated cases of the quotidian, tertian, and quartan type; but have never yet encountered a quintan—though we have met with duplications of the other types, especially of the tertian.

A majority of the intermittent neuralgiæ that have come under our observation were consequent upon remittent or intermittent fever: yet, we have seen several that were *idiopathic*, unpreceded by any paroxysms of febrile disorder. In those cases, sequences of fever, we have had the attack usually ushered in by slight creeping chills—the neuralgic pains taking the place of the “hot stage,”—followed by perspiration, while in such as were unpreceded by remissions or intermissions of fever, we have had the pains come on without any premonitions whatever, and go off without any appreciable crisis;—the unsuspecting individual being seized with agonising, quick shooting, or deep-seated burning or gnawing pain in some circumscribed part, when apparently in good health.

Where the disease has been confined to the brain or to certain nervous trunks or filaments, as to the frontal and facial branches of the fifth pair, or digital of the median or ulnar, the pain has generally been *quick, sharp, shooting*; whilst in those cases in which the organs were attacked, as the liver, *spleen*, or stomach, it has been more of a *dull, gnawing, or burning* character.¹ Yet sometimes we have had it *lancinating*, especially when the focus of irritation was concentrated in the organs of reproduction. When the disease manifested itself in the supra-orbital nerve we have had contraction of the pupil in some persons; and in nearly all sanguineous suffusion of the conjunctiva, with intolerance of light and profuse lachrymation, amounting in a few to complete *coryza*. In these cases wherein the infra-orbital or facial twigs of the inferior maxillary were implicated, we have frequently observed muscular twitchings, but never continued spasm,—as we have seen in the digital. Tumefaction of the affected parts was seldom noticed in our cases of neuralgic affection of the face and fingers; but it was a common, though not constant, attendant on that of the joints. In one case particularly, of the articular form, we had the knee of one leg and the ankle of the other swollen and red as in rheumatism,² but not so painful on pressure as in that affection. This swelling and redness would intermit in a great

¹ May this not depend upon the difference in the nerves affected? Being one of the cerebro-spinal system in one, and probably of organic life or sympathetic in the other.

² In a sergeant of dragoons of scrofulous habit.

degree with the nervous symptoms. In all the cases of hepatalgia, there was more or less engorgement of the liver and functional derangement. In hystericalgia, nervous twitchings of the fore-arms and fingers with spasmodic respiration and mental disorder were common.¹ Odontalgia without any appreciable lesion of the dental structure whatever, and generally confined to a single tooth, was noticed: yet where a tooth was carious the disease selected it *par préférence*.

There was but little disorder of the general system in our cases of intermittent neuralgia, except in those wherein the joints or organs were the foci of irritation. In these we had sometimes gastric distress, with white furred tongue and other indications of febrile excitement.

Treatment.—In those cases of frontal, facial, dental, aural and digital neuralgia, in which there was little or no appreciable disturbance of the general economy, we gave in the *interim*, between the times of the attacks, two grains of the sulphate, or quarter of a grain of the *arseniate* of quinine in pills every two hours—with from six to twelve grains of the sulphate or one grain of the *arseniate* at the period of time next that of the expected paroxysm—always with the effect to prevent a recurrence. The same plan was pursued until the terms of two or three paroxysms had been passed over, when a pill of two grains sulphate or phosphate of quinine, or of *arseniate* of quinine and piperine,² or six to eight drops of Fowler's solution, twice or thrice a day for a week or ten days, concluded the treatment. If we were called to a patient during the paroxysm, and found him agonising under the pain and no general disorder present, we directed a full *opiate*, a warm pediluvium, and applied an opiated cataplasm to the affected part, which generally gave great relief. In those cases preceded by the premonitory signs of fever we premised mercurial purgatives, as directed in intermittent fever, before commencing with tonics.

Intermittent cephalalgia was treated in the *interim* as if it were a simple intermittent fever. But to prevent the cephalalgia during a paroxysm from being converted into a cephalitis we strictly enjoined the continued use of warm sinapised pediluvia, and cold applications to the head; and in one instance made a revulsive bleeding, with the effect to shorten the paroxysm and render the continued use of tonics unnecessary.

In the *articular* form, if there were no inturgescence, the treatment was usually the same as laid down for the cure of that affecting the nerves of the head or face. Where the joints were swollen and red (intermittent rheumatism) a saline purge was given, topical bleeding had recourse to, followed by the application of emollient or opiated cataplasms—succeeded, so soon as all signs of inflammatory action had abated, by frictions with stramonium or belladonna ointment, and methodical bandaging with flannel rollers. We found good effects resulting from the use of the green leaves of the datura steeped in boiling water and applied warm to the affected joint—it is a popular manner of using the plant in rheumatic swellings, and I think well of it. When the redness and swelling had disappeared, the tonic treatment was then commenced and carried out.

In cases of hepatalgia, with engorgement of the liver, we cupped in some cases, and applied emollient poultices: but found more benefit from a pitch plaster, sprinkled lightly with tartar emetic, worn till pustulation was produced. We gave pills of blue mass, extract of dandelion, of colocynth, and rhubarb,³ at intervals until a slight mercurial effect manifested itself—with

¹ In two cases of this disorder treated at Fort Jackson, below New Orleans, on the Mississippi River, we had hysterical mania in its most frightful form—in one case complicated with dysmenorrhœa.

² R. Quinæ arseniat. gr. v.
Piperinæ gr. x.
Ol. Caryophyllor. gtt. ii.
Micæ panis q. s.

M. et f. Mass. in pil. xx. dividenda.

³ Vide prescription in note to No. 2 of this series.

injections of warm water occasionally to carry off the morbid secretions, or a laxative confection to effect the same object. Frequent general warm saline bathing, and the nightly use of the nitro-muriatic or chlorine foot bath were enjoined. Under this treatment, preparatory to the exhibition of tonics, the liver, if the engorgement were recent, resumed its natural size and functions, and in chronic cases was much reduced in dimensions and performed its offices afterwards healthfully. So soon as the liver returned to its natural size, or commenced to perform its functions properly—the exhibition of tonics was begun and carried through with. Here, however, the preparations of arsenic were deemed inadmissible from their known tendency to produce tumescence in parenchymatous organs.

The treatment of intermittent gastralgia and hysteralgia we defer to the next number.

ART. III.—VULGAR ERRORS IN MEDICINE.

BY THE EDITOR.

(Continued from page 220.)

No. 3.—*The Cooling Regimen.*

Not many ages have elapsed since, in the treatment of all febrile affections, it was generally esteemed most improper to adopt a cooling system of treatment. Fever was presumed to be owing to some morbid matter in the bloodvessels, which required to be “concocted” or matured, before it could be expelled from the body; and as heat was found to be necessary for the concocting or modification of matters out of the body, it was conceived that such concoction in the pathological conditions referred to might be promoted by the application of warmth externally as well as internally, or by the adoption of what was termed the heating regimen. Every effort was accordingly made to induce sweating, by which, it was thought, the “peccant” humor might be evacuated; and hence the establishment of copious diaphoresis came to be regarded “critical.” The idea of critical evacuations still exists, but not in the shape it assumed at those times. Diaphoresis is yet esteemed a favourable sign in most febrile and inflammatory affections, because it indicates that the pathological cause of the heat and dryness of the surface—symptomatic of a concentration of the vital activity towards some internal organ of the economy—has begun to diminish, or may have wholly ceased. It is not long since the heating plan of treatment was abandoned in certain cases which can scarcely be regarded as pathological, but in which pathological results were frequently induced by its adoption. It was once the universal custom (and in our time, which does not reach very far back, we have seen examples of it) to load the parturient female after delivery with bed-clothes; to feed her with possets and caudles;¹ and, when she first rose from the bed, to place her before the fire, and envelope her with blankets—under the vague notion, that there is a predisposition to sickness at this time, and that such predisposition is dependent upon some peccant matter, which requires to be *concocted* and thrown out by the cutaneous exhalants.

¹ Jacob. Primeros. de Vulgi Erroribus, &c. Lib. iii., cap. 14. Amotelod. 1639.

Reflecting minds began, however, to doubt whether this system of management was well adapted for the cases in question, notwithstanding that it was affirmed, as in all similar cases, to be sanctioned by positive *experience*, and to be better adapted than any other mode of treatment, although no other mode had probably been tried by those who inculcated it; but it was not until the time of Sydenham, that any great innovation was introduced in the treatment of febrile and inflammatory diseases. That great observer determined to examine for himself, and not to be guided by the dicta of his predecessors and contemporaries, but to adopt that system which rational enquiry suggested. In spite of all assertions regarding the dangers of adopting the cooling regimen, he unhesitatingly had recourse to it,—upon the principle that where the organic actions are elevated, and the temperature of the system increased, and where cold is instinctively and anxiously demanded, the true plan of management must be, to *temper* the morbid heat, and reduce the over-excitement, by the admission of cool air, and the appropriate use of cooling drinks. No greater improvement has been made in the therapeutics of internal diseases than this; the mortality from febrile affections has been largely diminished, and one disease that was wont to figure prominently in our nosological catalogues—the miliary fever—has almost disappeared from our observation. This disease was formerly extremely common in the childbed state; and that it was induced by the erethism of the cutaneous surface occasioned by the prevalent heating plan, to which allusion has been made, is satisfactorily shown by the fact, that we now rarely see it;—never, indeed, except where that plan has been adopted.

To what a privation must the febrile have been subjected, when, tormented with thirst, and parched with febrile heat, the access of every internal and external refrigerant was assiduously denied them! Every rational practitioner of the present day admits, that, of all internal refrigerants, cold water—ice cold—is the most effectual; yet occasionally, amongst the uninformed, we meet with apprehensions on this score—the relics of ancient belief—and with those who are afraid to employ cold as freely as it is advised by the practitioner. Especially do they dread the use of very cold fluids after calomel has been administered. This notion appears to have arisen from the fact, that when the system has been in the very impressible state produced by mercury, given to such an extent as to occasion its peculiar effects, irregular action has been caused by exposure to cold; and hence it has been inferred, that a similar result might ensue on the application of a cold fluid to the lining membrane of the stomach, after even a single dose of a mercurial has been taken. It may be laid down as a rule—and a rule founded on no little experience—that whenever the skin is steadily hot and dry, cold water, and the whole cooling regimen, may be safely and beneficially administered internally, whether mercury has been given or not. This we affirm is the result of experience; but even were there any doubt on the subject, we should say that, in the large mass of febrile affections, if the question should arise whether the mercury or the ice water should be abandoned, we should not hesitate to adhere to the latter and eschew the former. Cold water has been often termed the *febrifugum magnum*, and it is not unworthy of the title.

ART. IV.—VELPEAU ON IODINE INJECTIONS IN HYDROCELE.

In a former number of this journal¹ we described the result of M. Velpeau's experience of iodine injections in cases of hydrocele. More recently² he has furnished the profession with the statistics of sixty cases of hydrocele. In respect to age, there occurred in those

from 15 to 20 years,	3
20 30	13
30 40	11
40 50	16
50 60	10
60 70	6
70 80	1
	—
	60

In 53 individuals the hydrocele was chronic, and in 43 it was on one side.

On the left	30 times
On the right	9
Side not indicated	4
On both sides	10
	—
	53

The operation was performed 63 times on these patients, viz. :—

By incision	1
By threads or small setons	2
By compression	1
By vinous injection	27
By iodine injection	31

With vinous injection, gangrene supervened 5 times; suppuration twice; and the treatment failed once.

The mean duration of the treatment by this plan was 36 days comprising accidents.

With the iodine injection there was neither gangrene, suppuration, nor any accident. The treatment had to be resumed in one case, and the cure remained incomplete in another. The mean duration of the treatment was fourteen days. "We may conclude from these facts," says M. Velpeau, "that the iodine injection must be preferred to the vinous injection in the treatment of hydrocele, and that the cure is not less solid after the former of these methods than after the latter. Since this work has been in press, I have seven times employed the same remedy in the disease, and the cure has been accomplished, in every case, in from eight to fifteen days. For myself, this is a question settled. Forty cases of success without a single unpleasant symptom seem to me sufficient to resolve definitively such a simple therapeutical question."

ART. V.—CAN THE FŒTUS RESPIRE IN UTERO?

This is an interesting physiological and medico-legal question; especially in connection with the ulterior enquiry.—May not the fœtus die, and yet its respiratory apparatus present the same characters as that of a child which has lived after birth?

¹ *Intelligencer* for July 15th, 1837, p. 138.

² *La Presse Médicale*, Mai, 1837.

M. Lados¹ has recently attracted the attention of the *Société de Médecine*, of Gand, to this point, in consequence of the following case which fell under his notice.

A woman, aged twenty-four years, eight months gone with child, was suddenly attacked with pain, on the 21st of January; the membranes gave way, and there was a very copious discharge of the liquor amnii. The pains recurred at intervals on the 21st and 22d, and on the morning of the 23d, when she awoke, she felt the hand of the child protruding through her sexual organs. Devoid of all assistance, she was obliged to wait in this condition till the following night, when the efforts of nature succeeded in expelling a stillborn infant.

These facts were stated juridically on the deposition of the mother, and on the declarations of two women who were present during her labour, and at the time of delivery, and who did not insufflate the lungs or tie the cord in consequence of signs of putrefaction in the body of the infant.

An examination of the child exhibited the following particulars. 1. It was proved that it was not beyond eight months. 2. The right arm from the shoulder to the extremities of the fingers was much swollen and of a blackish colour: in this it contrasted with the arm of the opposite side which was much emaciated. The cause of the tumefaction was an infiltration of blackish blood in the sub-cutaneous and intermuscular cellular tissue. 3. Putrefaction was tolerably advanced, as evidenced by the maceration of the skin, and the facility with which the epidermis could be detached. 4. There was nothing remarkable as respects the head, except an engorgement of the hairy scalp, such as is observed in infants which have rested for some time in the pelvis: it was caused by a reddish serous fluid similar to currant jelly. 5. In the thorax, all the organs of which were examined with the greatest care, the *docimasia pulmonalis*, instituted with the minutest accuracy prescribed in the treatises on legal medicine, established, from the presence of a large quantity of air in the right lung, and in the upper lobe of the left, that respiration had been almost completely effected. 6. The stomach, the bladder, and the rectum, were found empty and without alteration.

The chief conclusions of the author are,—that the fœtus was living at the time of the rupture of the membranes; that it had respired in the womb, and died before its expulsion from the uterus. We presume that M. Lados took pains to examine whether the air in the lung might not have been the product of putrefaction.

ART. VI.—DEATHS FROM CHILD-BIRTH.

M. Quetelet has made some statistical enquiries on this subject, in the work of which we gave a bibliographical notice in a late number of the "Intelligencer."² According to Willan, the mortality in the large maternity hospital in London, where nearly 5000 females were annually admitted, was as follows:—

		For the mothers.	For the children.
From 1749 to 1758		1 in 42	1 in 15
1759 1768		1 50	1 20
1769 1778		1 55	1 42
1779 1788		1 60	1 44
1789 1798		1 288	1 77 ³

¹ Bulletin Médical Belge, No. 6, Juin 1837, p. 100.

² Sur l'Homme, &c., I. 130, Paris, 1835. See Intelligencer, No. 10, for August 15, 1837, p. 195.

³ Casper's Beitrage zur Medicinischen Statistik, u. s. w. Berlin, 1825; and Elements of Medical Statistics, by F. Bisset Hawkins, London, 1829.

Dr. Hawkins remarks, that the mortality in the same hospital was 1 in 70 in 1826; and he states, that in the Maternity Hospital of Dublin, from its foundation in 1757 to 1825, the mortality amongst the infants was 1 in 19; the stillborn 1 in 17; and amongst the mothers 1 in 89.

According to Tenon, the mortality in the Hôtel-Dieu, of Paris, at the end of the last century, was, amongst the mothers, 1 in 15; but in 1822 the mortality at the *Maternité* was not more than 1 in 30. At the same period, in the Maternity Hospital at Stockholm, the loss was nearly the same as at Paris, 1 in 29.

At Edinburgh, in the Lying-in-Hospital, during the years 1826, 1827, and 1828, the loss was only about 1 in 100.¹

According to Casper, the mortality at Berlin amongst parturient females was as follows:²

From 1758 to 1763	1 in 95
1764 1774	1 82
1784 1794	1 141
1819 1822	1 152

"We observe here, also," says M. Quetelet [he had been previously speaking of the stillborn], "how much the mortality may vary according to the greater or less care paid to the infant and mother at the time of parturition. The greatest mortality which we have given was that of the Hôtel-Dieu of Paris, at the end of the last century, which was 1 in 15, for the mothers; whilst in London they had succeeded in reducing it to 1 in 288, making a mortality 19 times less."³

Since the period referred to by Messrs. Hawkins and Quetelet, the mortality in the Dublin Lying-in-Hospital has likewise diminished greatly. Thus, Dr. Collins states, that of 16,414 women delivered, 164 died, or in the proportion of 1 in 100; "and if," he observes, "from this number we deduct the deaths from puerperal fever, which may be considered *accidental*, the proportion becomes greatly diminished, viz., to 1 in 156 deliveries; and, again, if we subtract those deaths from causes *not the results* of childbirth, the mortality, from effects arising in consequence of *parturition*, is vastly reduced, viz., to 1 in 244."⁴

ART. VII.—ELECTROPUNCTURE IN PARALYSIS.⁵

A case of this kind is related as occurring in the *Hôpital de l'Ecole*, under the care of M. Cloquet. A man, aged fifty-two years, a maker of bed-clothes by profession, was admitted for paralysis of the right arm. In one of the wars of the empire he had been struck on the elbow by a ball, for which amputation had been advised, but he refused to undergo it. He was cured, but the limb remained lame; the joint became ankylosed, but the hand preserved a great part of its movements, so that he was able to resume his occupation in a manufactory of bed covers, where he worked until within three weeks of the time of his entrance into the hospital. In presenting

¹ Hawkins, op. citat.

² *Beitrag*, u. s. w., s. 180.

³ Op. citat., I. 132.

⁴ A Practical Treatise on Midwifery, &c., p. 366. London, 1835.

⁵ *La Lancette Française*, December 20, 1831.

himself at the Clinique, he exhibited a complete paralysis of the right arm; so complete, that for three weeks he had been unable to make use of it. Voluntary motion and sensibility were entirely abolished; and, according to the patient, this occurred suddenly, without there being reason to refer the phenomena to any affection of the brain or spinal marrow.

He was, in the first instance, subjected to the use of blisters and moxas in the course of the radial nerve, from which he obtained some advantage, but what succeeded best with him was electro-puncture along the course of the nerves from the shoulder to the hand. At first, the punctures were but little felt, but afterwards they were painful. The sensibility, mobility, and strength of the fingers and hand, gradually returned, and three months after his admission he left the hospital completely cured.

The reporter of the case refers to numerous cures of the same kind daily obtained by his *confrère*, M. Fabré Palaprat, "by means of his fine electro-galvanic apparatus."

ART. VIII.—CASE OF POLYPIFORM CONCRETION IN THE HEART.

BY R. F. VANVALZAH, OF MECKLENBERG, PA.

The following case of polypiform concretion in the heart is strikingly analogous to one we gave from the results of our own practice, in an early number of this journal.¹ There can be little doubt, we think, that the concretion was formed during life. The case is detailed by M. R. F. Vanvalzah, at this time a student of Jefferson Medical College, who has presented the preparation to the museum of the institution.

Isaac Lynn, of Union county, Pa., aged sixty-nine, a labouring man, between twenty-five and thirty years since, was first affected with palpitation of the heart; at this early period, the paroxysm did not attack him oftener than once in three or four weeks, did not continue longer than ten or fifteen minutes at a time, nor incapacitate him from labour. In the course of about seven years from the commencement, both the frequency and duration of the fit increased, and although he still continued to work on the farm, he no longer went with a company, as in harvest or haying, but worked by himself, and whenever the paroxysm came on he sat down and rested till it was over. Active exercise did not appear to bring on the fit. The disease proceeded in this manner, gradually growing worse, until within three or four years of his death, at which time symptoms of phthisis appeared, and he soon became so weak as not to be able to work. On the accession of the paroxysm, he now complained of difficulty of breathing and a distressing sense of constriction across the thorax, the extremities became cold, and the fingers and toes of a purplish colour, with no pulsation in the arteries of the wrists or ankles. During the two last months the fit would sometimes last from thirty-six to forty-eight hours, or longer; at other times it would disappear in three hours or less; in the intervals he was easy and complained of no pain or uneasiness whatever. Six weeks before death, the bladder became paralysed, and the catheter was used till the last. He died on the 1st of July, 1837, in a paroxysm of the palpitation.

The thorax was opened eight hours after death. The right lung was found filled with tubercles, and adhesions had formed between the pleura costalis and pleura pulmonalis; the lung of the left side was healthy, and there were no adhesions between the pleuræ. The pericardium contained a considerable

¹ "Intelligencer," No. 7, for July 1, p. 125.

quantity of serum. An incision was now made into the great aorta, and continued down to the base of the left ventricle, which was found nearly filled with a polypus; it seemed to grow from, or to be attached to, the chordæ tendineæ, and extended into the aorta to the distance of ten inches. The right ventricle was found filled with the same kind of substance as the left, and the string or elongation which proceeded from it branched at the bifurcation of the pulmonary aorta, and a branch of it entered each pulmonary artery, but did not extend into them more than three inches. The heart was not thickened, larger than natural, or diseased in any other manner. The brain and viscera of the abdomen were not examined.

R. F. VANVALZAH.

Philadelphia, Oct. 5, 1837.

MEDICAL SCHOOLS OF PHILADELPHIA.

In our last number, we inserted the honourable testimony borne by the editor of the "Eclectic Journal of Medicine" to his "Alma Mater"—the University of Pennsylvania. In his number, recently issued,¹ he has indulged in some uncalled for remarks on Jefferson Medical College, calculated—not intended, we hope—to excite feelings which we trusted were gradually subsiding, and to unnecessarily provoke hostility. He speaks of the pains taken by the faculty of "Jefferson Medical College to disseminate through the Union the doings, intentions, and prospects of the institution;" and of their possessing, he believes, sufficient real strength to allow of their "refraining from a puerile vaunting about uncommon advantages and resources." We have carefully looked over the last "annual announcement"—for we presume the editor is not raking up old grievances—and searched in vain for any statement of "prospects," for any "vaunting" whatever, for any of the "buckram" creations that have flitted before his eyes. We regret, in addition to this, to observe a misapprehension, which the editor could readily have discovered to be such on the slightest enquiry. He asserts, that during the last two years a "*demonstration*"—to use the word in a military sense—"a skirmishing course of lectures" has been delivered in the month of October, "not connected with, nor introductory to the regular course, which begins in November," and he expresses "a hope that this will be followed by the real and beneficial addition of a month to the regular term, so that this shall include five months, the period now recognised by the University of Pennsylvania." "Satisfied," he adds, "with so material an amendment, this latter institution need hardly repeat the preliminary October exercises, which it, also, exhibited last year." Is the editor not aware that the object he recommends is, and has always been, avowed in the publications emanating from the Jefferson Medical College? In their very last announcement, after speaking of the additional chair of Institutes of Medicine and Medical Jurisprudence, established the preceding year, the faculty use the following language:—"The same cause—the progressive improvement of medical science—had suggested to the professors to extend their course of instruction from four months, the longest term in other institutions, to five. With this view, lectures have been delivered during the month of October

¹ Eclectic Journal of Medicine. Edited by John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence in the Philadelphia Medical Institute, &c. &c., for Oct. 1837, p. 429.

for the last three sessions, and have been numerous attended. This course will be continued; the dissecting room will be kept open, and every attention given to this important department. There are interesting and valuable topics appertaining to each chair, which cannot be fully discussed in a course of four months, but which may be readily examined during this additional period."—*Announcement*, p. 4.

The editor may not be aware of the fact, but he could readily have arrived at it by application to any of the medical professors of the University of Pennsylvania, that the extension of the course, through the month of March, is by no means so easy an affair as it may seem to him to be; that the October course, in question, is appreciated, however, is sufficiently shown by the numbers who have been in previous years, and now are, in attendance; any of whom, we are satisfied, would say, that it forms a "real and beneficial addition of a month" to the course of study. For one, the editor of this journal can affirm, that the subjects of the lectures, which he is now engaged in delivering, are not such as he taught during the last session or will teach in the next. Of the nature and value of these, as well as of those of his colleagues, they who are most concerned, and who hear them unprejudicedly, can alone speak correctly.

We are extremely anxious that there should be no feeling between the medical institutions of the city, except of honourable rivalry to do the greatest amount of good to science and humanity, and we hope that neither college will suffer this desirable object to be prevented by the remarks either of the heedless or the designing.

We have not seen the article in the Southern Medical and Surgical Journal, which, the editor of the Eclectic Journal says, contains a reply to the "puerile vauntings" of Jefferson Medical College; but we have before us the circular of the Georgia Medical College, in which, we believe, the editors of that journal are professors. The "Circular" proves most convincingly, that they at least are no mean adepts in the practice which they deprecate.

The October lectures are now going on in both the medical schools of the city, as well as in the "Medical Institute," in which the editor of the "Eclectic Journal of Medicine" is a teacher, and which was founded, we believe, by a distinguished professor of the University of Pennsylvania, with the same view as the October lectures have been established in the two schools—to afford additional facilities to the students who may resort to Philadelphia, in the acquisition of a profession, the time allotted to which, during the ordinary sessions of the winter months, is, by common consent, much too short.

BIBLIOGRAPHICAL NOTICES.

*Sealey's Medical Essays.*¹

Our editorial brethren on the other side of the Atlantic very frequently criticise—and, at times, not without justice—the occasional flights of our

¹ Medical Essays, by J. Hungerford Sealey, M. D. E., A. B., T. C. D., (with a motto). No. 1, On Phthisis Pulmonalis, 18mo, pp. 82. No. 2, On the Imagination, 12mo, pp. 91. London, 1837.

medical as well as other orators; but we think it impossible for them to single out any author, whose violations of taste, and even of common sense, are more flagrant than his whose essays are now before us.

Of the author's fustian we need but give one specimen from his dedication to "My dear Sir Charles" (Scudamore). "In it" [the essay] he says, "in a literary point of view, I am aware your critical eye will detect many errors, and in a physiological and pathological one, much to arrest admission and challenge enquiry, being, as far as I am aware, so perfectly novel in its solution of disease. To your original and gifted mind, however, I am convinced that this will be no objection, and that you will not view it with more than the necessary caution, because it has exceeded the present limits of anatomical research and advanced theory."—p. xiv.

And what is this "novel" view of the author? It is, that he "would believe to exist, although anatomy has as yet been unable to prove their existence, a peculiar arrangement of secreting vessels, which has been hitherto altogether left out of the consideration of the question—namely, *pus* and *purisecerning vessels*. Again, "Pus is only secreted in ophthalmia and gonorrhœa, we never find lymph in those places; and after the severest inflammatory action we never find pus effused on the surface of the brain, where we find lymph abundantly; consequently they are not modifications of the same fluid. Of the original appearance and determinate use of pus we may be said to know nothing, we only know it under disease; and yet I cannot imagine it is only a product of disease as Hewson thought. It may be in its pure state colourless and unappreciable, yet destined as an active agent in the animal economy. It may act on the circulating and absorbent system, as the bile acts on the digestive, as a necessary stimulant, and only become apparent to the eye when chemically altered by exposure to the atmosphere."—p. 19. And again, "Believing scrofula to be, as Sir Astley Cooper and others have settled, a disease of debility, yet referring that debility solely to the absorbent vessels, and thus agreeing with Cabani (!), Soemmering, and Girtanner, before mentioned, I come more fully to explain my views. Taking it then for granted, which cannot be denied, that such a fluid as pus exists, a fluid *sui generis*, and expressing my conviction that it is the secretion of a peculiar apparatus, destined for a particular purpose in the animal economy, and as constantly existing as either the nervous or sanguineous fluids, although not demonstrable, and without being able to ascertain the cause of that debility of the absorbent system, I suppose in the internal or tubercular scrofula, a deposition of this peculiar fluid to take place on the delicate lining membrane of the pulmonary parenchyma, which the debility of the antagonist power, the absorbent vessels, failing to remove, it becomes a source of irritation, and generates first the miliary tubercle, which thus formed, runs its natural course. The same thing occurs in the external or follicular scrofula; the puriform fluid becomes a source of irritation in the centre of a lymphatic gland, or in a cutaneous follicle, and, so exciting inflammation, produces all the strumous appearances."—p. 37.

But we have given more space to the notice of the results of Dr. Sealey's "imagination" than they merit. We might, indeed, point to multitudinous inaccuracies, as to orthography and syntax, but we are willing to believe that many of these may have resulted from inattention rather than from ignorance. Every author must have experienced the annoyance of observ-

ing gross errors which have escaped him until too late, and this often in consequence of his very familiarity with the subject. In the first page of the editor's "physiology" there is a glaring inaccuracy of this nature,—an extract being ascribed to one poet which appertained to another, although the whole essay, of which it forms a part, was almost as firmly impressed upon the author's memory as his creed. The fact, however, should tend to mitigate severity of censure, unless the departures from accuracy are the manifest offspring of ignorance or unpardonable carelessness.

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*Transactions of the Provincial Medical and Surgical Association.*¹

Another volume from this most useful and energetic association. It gives the proceedings of the anniversary meeting at Manchester; reports of council and committees, &c.; and is divided into four parts. Part 1. Containing the report of a committee to consider the best means of affording medical relief to the sick poor, and Mr. Crosse's Retrospective Address. Part 2. On "Medical Topography," comprising a medico-topographical, geological, and statistical sketch of Bolton and its neighbourhood, by James Black, M. D. Part 3. "Essays and Cases;" containing a communication by Dr. James Johnstone, of Birmingham, on Glanders in the Human Subject; a case of Ovarian Tumour, by Mr. Jeaffreson; a paper by Mr. Hunt, of Manchester, on the Physiology of the Muscular Nerves of the Eye; one by Dr. Dick, of Clifton, on the Unity of Organic Structure; Dr. Selwyn's cases of Encysted Dropsy of the Thyroid Gland; Dr. Scott, of Liverpool, on the Influence of Sleep on Digestion and Secretion; Mr. Poyser's, of Wirksworth, cases and dissections, chiefly in reference to the uncertainty of diagnosis; Mr. Hamerton's case of Tetanus; Dr. Chapter's case, in which the memory of language was lost; Mr. Psalter's case of Malignant Tumour within the Cavity of the Abdomen; Dr. Norris's case of Diaphragmatic Hernia; Dr. Walker's cases of Metastasis of Rheumatism to Internal Organs; and Mr. Windsor's Facts illustrative of the Effects of Chronic Pleuritis. Part 4. Comprises "Reports of Dispensaries,"—of the Birmingham Eye Infirmary, the Birmingham Dispensary, and the Worcester Infirmary.

The appendix contains some remarks on the condition of medical relief for sick paupers, by Messrs. N. Rumsey, Robert Ceely, H. W. Rumsey, and Dr. John Yelloly.

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Tannate of Quinine and Cinchonine.—Doctor Rouander, Secretary of the Medical Association of Sweden, recommends the tannate of quinine and cinchonine as much more active than the sulphate.² By means of the tannate he succeeded in curing intermittents, which had resisted the sulphate and other energetic agents. He asserts, likewise, that he obtained equally good effects from this medicine in typhus, in general debility, and in cases of tendency to a putrescent condition. These facts would seem to show, that although tannin does not of itself enjoy febrifuge virtues—properly so called—it contributes greatly to the efficacy of the cinchona. This had been pointed out by Berzelius, who showed that the febrifuge properties of the cinchonas are not in proportion to the quantity of quinine and cinchonine

¹ The Transactions of the Provincial Medical and Surgical Association. Instituted 1832. Vol. v. 8vo, pp. 538. London, 1837.

² Revue Médicale Française et étrangère, Mai, 1837.

they contain, and that the tannin, which enters into their composition, seemed to have a notable influence.

The tannate of quinine has also the advantage of being cheaper than the sulphate.

Resection of the Lower Jaw.—A female peasant, forty-four years of age, had an osteosteoma of the right lower jaw, which had attained the size of both fists; as this morbid growth went on increasing, gave rise to considerable pain, and occasioned impediment in eating and drinking, Dr. Jagielski undertook the operation in the following manner:—The body of the lower jaw was sawed off from the middle of the chin to the angle, after the soft parts had been carefully separated from it. After the removal of the diseased portion of the jaw, the incision in the soft parts was united by means of ten sutures. Cicatrisation took place rapidly, and every thing went on most favourably.¹

Cerebellous Disease without Genital Excitement.—Our readers are aware that the phrenologists place the encephalic organ of reproduction in the cerebellum, and many pathological cases have been published, which would seem to favour this view of the subject. One was given by the editor of this journal, in the pages of a British periodical,² of which he was at the time one of the editors. In a recent French journal,³ M. A. Duplay has given four cases of cerebellous disease in which no particular phenomena were observed connected with the genital organs. "In no case did he notice any thing like what had been announced by certain observers."

Lectures on Practical Obstetrics.—Dr. Warrington is delivering a course of lectures on practical obstetrics, at the Philadelphia Dispensary, of which he is physician-accoucheur. Pupils who have attended a course of lectures in any respectable institution, and become capable of readily detecting the presentations as they will be exhibited on the mannekin, will be entitled to attend upon the cases of labour, which may come under Dr. W.'s charge in the Philadelphia Dispensary, during the ensuing winter session of the medical schools of Philadelphia.

Electrical Infant.—A statement contained in the *Libéral du Nord* is seriously copied into a respectable medical periodical of Paris,⁴ of an infant, which, like the torpedo, gave a kind of electric shock to the physician, who brought it into the world! The child is stated to belong to the male sex, and to be of a robust constitution. It was placed, immediately after birth, in a basket cradle, supported on a glass stool, when it gave unequivocal signs of electricity. This property it retained for the space of twenty-four hours, so that the physician was able to charge a Leyden jar, to obtain sparks, and institute a number of physical experiments!!

¹ *Medicinische Zeitung*, Feb. 15, 1837, s. 34.

² *London Medical Repository*, Oct. 1822. See also Stokes's *Theory and Practice of Physic*, Amer. Libr. Edit., p. 214.

³ *Archives Générales de Médecine*, Nov. 1836.

⁴ *La Presse Médicale*, Avril, 1837.

Medical Department of the University of Vincennes.—We have received, from Dr. Offutt, the "Vincennes Saturday Gazette" of the 23d ultimo, containing the advertisement of a new Medical College connected with the University of Vincennes, the lectures at which will commence on the first Monday in December, 1837, and terminate on the first Monday in March, 1838. The departments and incumbents are as follows:—*Special Anatomy*, Dr. Offutt; *General and Pathological Anatomy*, Dr. Maddox; *Surgery*, Dr. Johnston; *Obstetrics and Diseases of Women and Children*, Dr. Hitt; *Chemistry and Natural Philosophy*, Dr. Troost; *Materia Medica and Pharmacy*, Dr. Decker; *Theory and Practice of Medicine*, Dr. Somes; *Physiology and Institutes of Medicine*,¹ Dr. Stahl. Dr. Thornton F. Offutt, Dean of the Faculty of Physic. The faculty are entitled, by their charter, to confer the degree of "Licentiate," and they expect at the ensuing session of the legislature to obtain the power to confer the degree of Doctor of Medicine.

Boston Medical and Surgical Journal. *Strychnine.*—Under the expectation that the editor would himself correct the error, we have not drawn attention earlier to an observation in the *Boston Medical and Surgical Journal*, suggested by the recommendation of strychnine in this journal, in which the editor in question alludes to the use of that powerful agent in doses of one sixteenth of a grain, as *too infinitesimal*. Surely, such a statement ought to be modified: inasmuch as were any uninformed practitioner to regard the dose in that light, and, without referring to books of authority, were to largely augment it, as he might feel himself justified in doing from the comment above referred to, very serious consequences might result.

We would likewise call the editor's attention to another mistake in the same periodical. Notwithstanding the announcement in this and other journals of changes in relation to the University of Virginia, it is there stated, that the lectures will begin in November, and that the professors are the same as last session;—the truth being, that the lectures are advertised to commence on the first of September; and that of the three professors of the last session, one has resigned and another died,—the vacancies having been supplied since the 17th of August, as we have already published! In a letter from the university dated the 3d inst., our correspondent states, that Dr. Griffith—recently appointed—began to lecture about ten days previously.

BOOKS RECEIVED.

From Dr. B. Haskell.—The Boston Medical and Surgical Journal, for Wednesday, Sept. 20, 1837. Containing new views on animal magnetism.

From Dr. Forbes, of London.—First Principles of Surgery, being an outline of inflammation and its effects. By Geo. T. Morgan, A. M., Lecturer on Surgery in Aberdeen. 8vo. London, 1837.

From the same.—The Transactions of the Provincial, Medical, and Surgical Association, instituted 1832, Vol. V. 8vo. London, 1837.

On the Nature and Treatment of Dropsies, in four parts, &c. By Jonathan Osborne, M. D., Fellow and late President of the King and Queen's College of Physicians, in Ireland, &c. &c. 2d edit. with considerable additions. 8vo, pp. 134. London, 1837.

¹ We have always thought that the "Institutes of Medicine" included physiology. The Medical College of Georgia and the University of Vincennes have divorced them.—Ed.